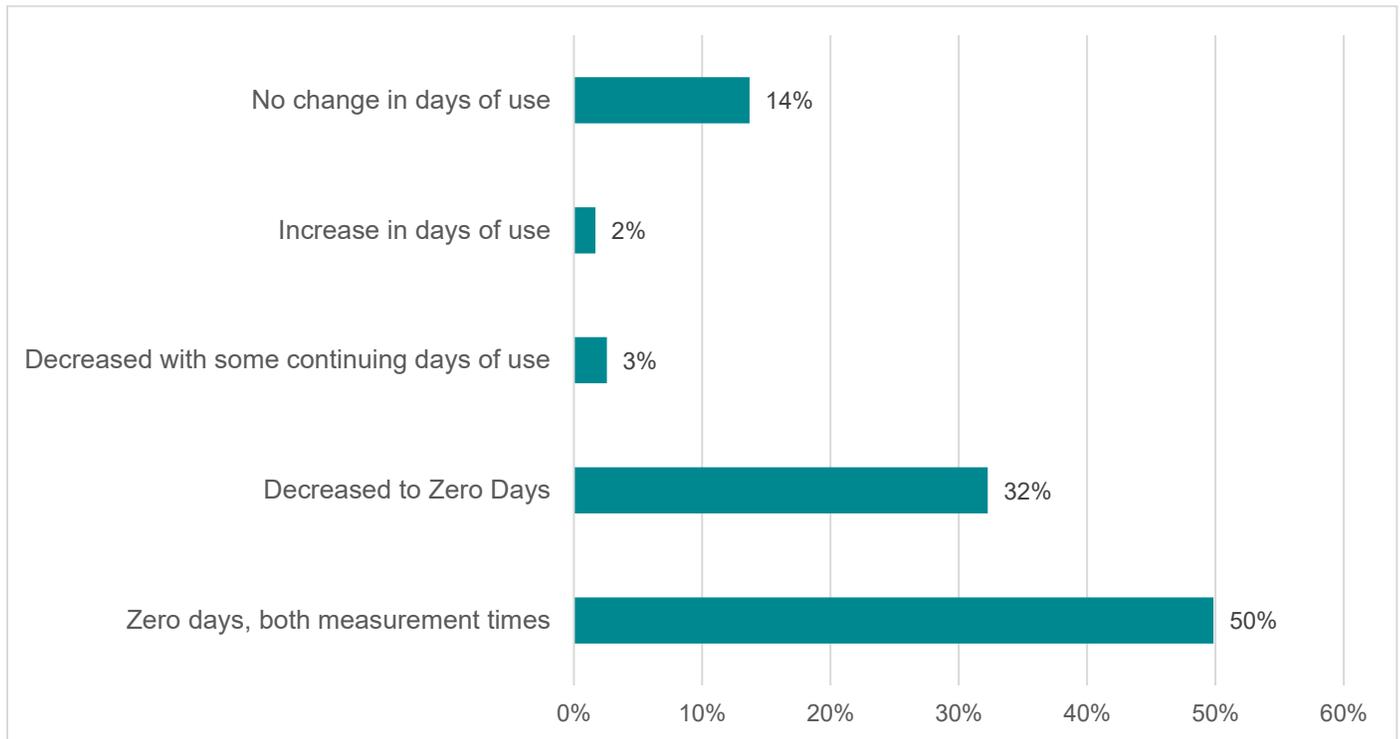


Figure 3: Change in Days of Primary Drug Use in Last 30 Days, Intake to Discharge, FY 2018-20

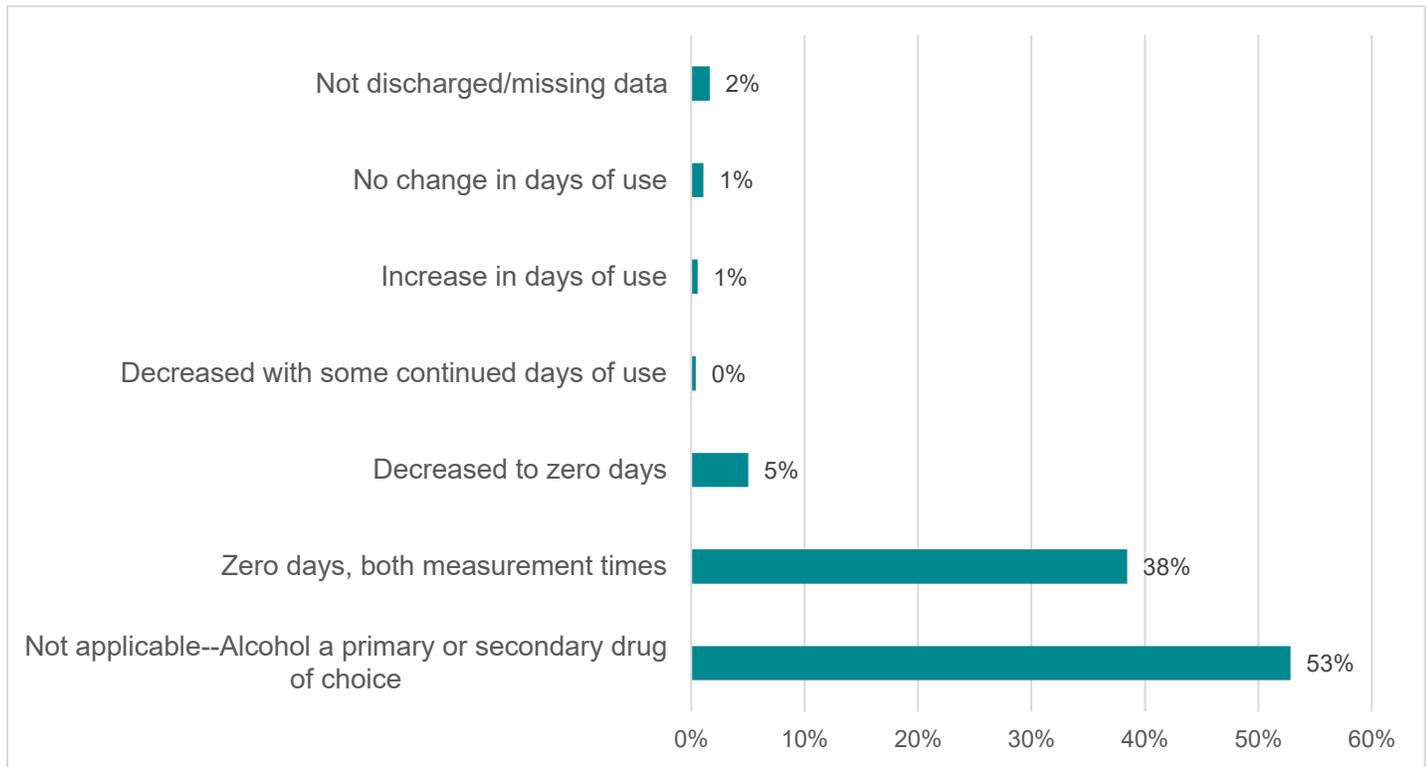


Frequency of Alcohol Drug Use

For clients who were admitted anytime in FY 2018-19 and FY 2019-20, 776 clients reported alcohol as a substance use issue. The chart below shows the change in days of alcohol frequency from Intake to Discharge. The four categories are the same as the drug use frequency described above, with additional frequencies for “Not Applicable, alcohol a primary or secondary drug of choice” and “Not discharged or missing data.”

The majority of clients (90.9%) reported zero days in the last 30 prior to intake and zero days in the last 30 prior to discharge. This could be the result of clients stepping down from residential programs or from incarceration. For those entering treatment with some days of alcohol use in the past 30 prior to intake, 6.4% decreased to zero days in the last 30 prior to discharge. Only 1.5% of clients reported the same number of days of alcohol use during the past 30 days prior to intake and during the past 30 days prior to discharge.

Figure 4: Change in Alcohol Frequency in Last 30 Days, Intake to Discharge, FY2018-20 (N=1,964)



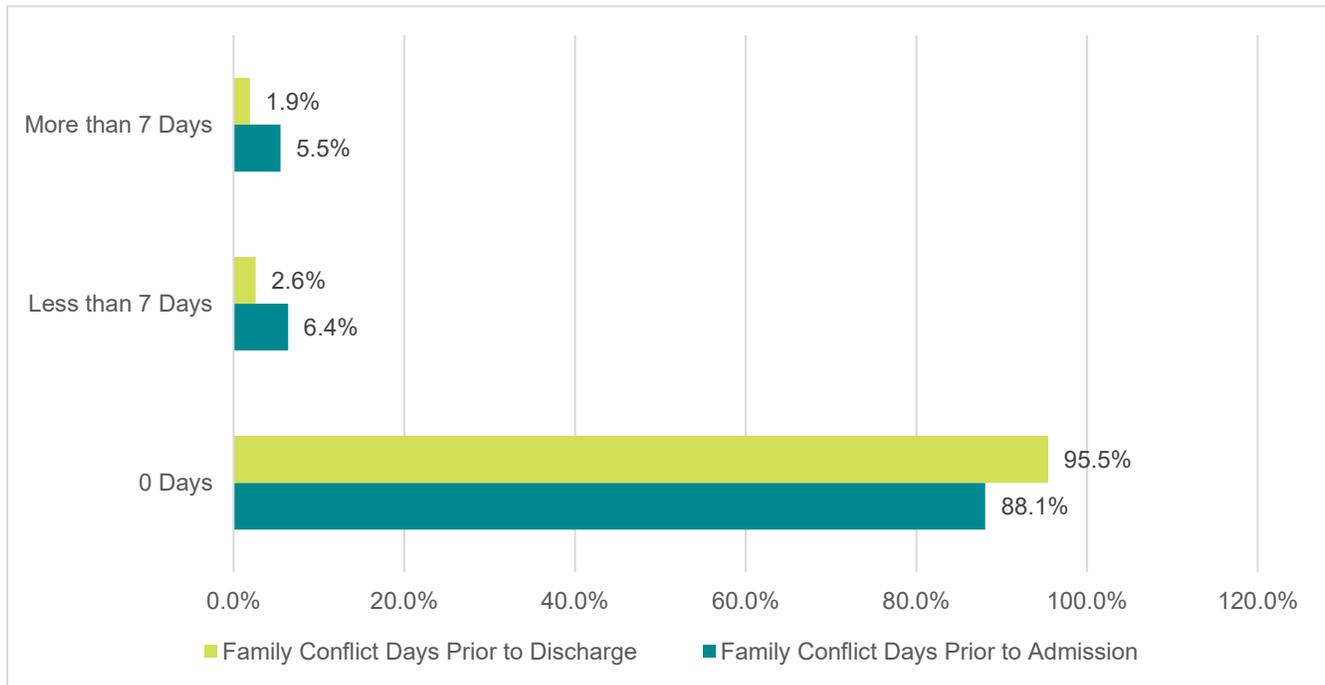
Serious Family Conflicts

Part of the CalOMS intake and discharge questionnaire is an element related to serious conflicts with family members. Client responses to this question at admission and at discharge demonstrate change in the frequency of serious conflicts with family members.

Family Conflict outcomes were grouped into the following categories: No Serious Family Conflict within the past 30 days; Less than 7 days of conflicts within the past 30 days; and More than 7 Days of family conflicts within the last 30 days.

Of the 1,797 clients who entered services in FY 2018-19 and FY 2019-20, 88.1% of them reported no serious family conflict in the 30 days prior to admission and 95.5% reported no serious family conflict in the 30 days prior to discharge. At admission, 6.4% of clients reported less than seven days of family conflicts in the past 30 days prior to admission, and 2.5% reported less than seven days of family conflicts in the past 30 days prior to discharge. At discharge, 5.5% reported more than 7 days of serious family conflicts in the 30 days prior to discharge, and 1.9% reported more than 7 days of serious family conflicts in the past 30 days prior to discharge. These findings reflect a positive decrease for a significant number of clients who reported having serious family conflicts in the 30 days prior to intake. The clients who reported serious conflicts for more than seven days in the past 30 prior to admission were likely to be in need of family and group counseling to help them with anger management and conflict resolution.

Figure 5: Serious Family Conflict Days Prior to Intake and Discharge, FY 2018-20 (N=1,797)



Drug-Free Social Support

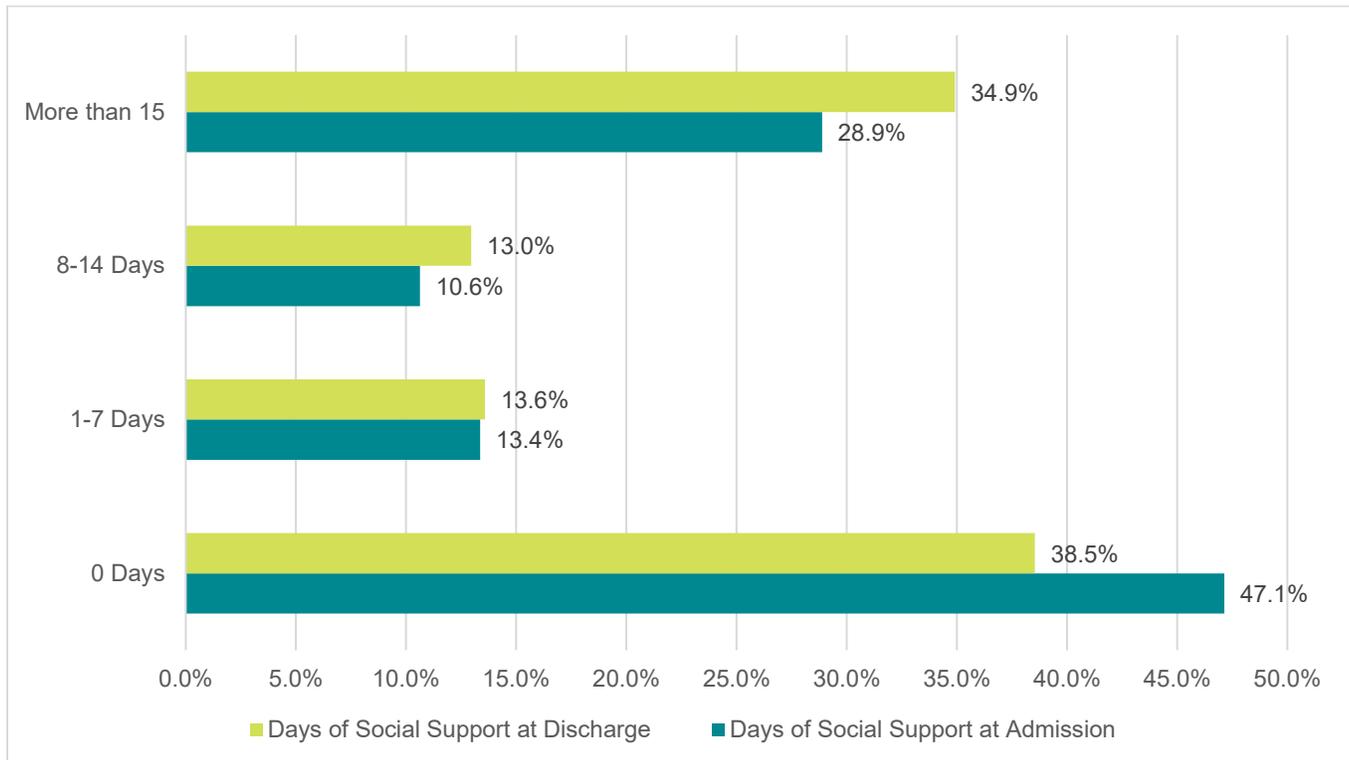
An important element of recovery is drug-free social support. Counselors ask clients at intake and at discharge how many days in the last 30 have they participated in any drug-free social support or recovery activities, such as 12-step meetings, other self-help meetings, religious/faith-based recovery or self-help meetings, and interactions with family members and/or friends supporting their recovery.

Unlike the previous self-report measures, increased frequency of this one is usually a positive indicator of recovery strengths. The measure was calculated by looking at the number of days of drug-free social support within the past 30 days prior to admission and again prior to discharge. The categories for clients to endorse were: more than 15 days; 8 to 14 days; 1 to 7 days, and 0 days. The most commonly endorsed category was zero days, reflecting the large percentage of clients entering the program who were either socially isolated or whose social interactions were with others using drugs. The changes by discharge for those and all other clients was in the desired direction of more drug-free social supports. However, for some clients the desired outcome at discharge may not be an increase. For instance, some clients may come into the program with 30 days of drug-free social supports and maintain that level at discharge. In this case, there would be no change in level of support. Other clients may come in with 25 days of social support at intake, need less 12-step group attendance as a result of treatment and have only 20 days of drug-free social support at discharge. Even though it would be a decrease in days, those clients' numbers of days would still be quite high and the decrease may reflect a positive outcome.

Figure 6 illustrates the number of social support days for Options clients.

At discharge, many Options clients report a significant number of social support days. 34.9% reported 15 days or more, an increase from 28.9% at admission. However, 38.5% reported no days of social support at discharge suggesting that there is still a fair number of clients who could benefit from referrals to support groups and 12-step programs.

Figure 6: Social Support Days at Discharge, FY2018-2020 (N = 1,797)

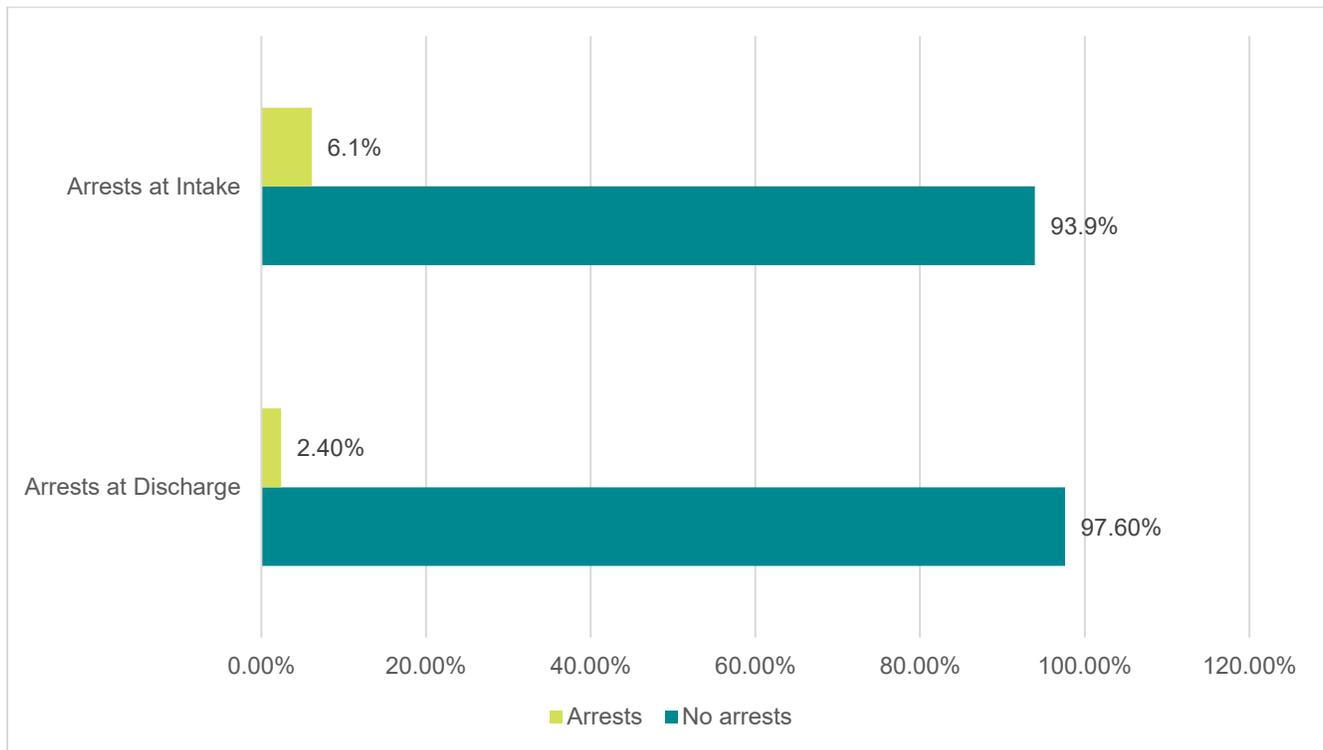


Arrests

CalOMS requires that clinicians/counselors ask clients about their arrests in the last 30 days prior to intake and prior to discharge. Days of arrests is included here as an outcome measure because of the interest in diverting clients from the criminal justice system into treatment and away from criminal behavior.

The overwhelming majority of clients (93.9%) had no arrests in the last 30 days prior to intake, and 6.1% of clients did have at least one arrest in the last 30 days prior to intake. Only a small percentage of clients had any arrests in the 30 days prior to discharge (2.4%), which represents a substantial decrease from the percent who had arrests during the 30 days prior admission.

Figure 7: Arrests at Intake and Discharge, FY 2018-2020 (N = 1,797)



Outcome Measures Based Upon Provider Ratings

Discharge Ratings

Figure 8 and Table 6 display the discharge ratings that counselors gave their clients, using the required CalOMS discharge summary form to evaluate their clients' progress in treatment. These are the only statewide data elements commonly collected from providers by all counties for use in evaluating treatment outcomes for clients with SUDs. The first four rating options are positive. "Completed Treatment" means the client met all their treatment goals and/or the client learned what the program intended for clients to learn at that level of care. "Left Treatment with Satisfactory Progress" means the client was actively participating in treatment and making progress, but left before completion for a variety of possible reasons other than relapse that might include transfer to a different level of care closer to home, job demands, etc. The last four rating options indicate lack of satisfactory progress for different types of reasons. Forty-four percent of clients had a positive discharge outcome, comparable to 45.8% for programs across the state.

Figure 8: Discharge Status Ratings, Options Compared to Alameda County and Statewide, FY 2019-2020

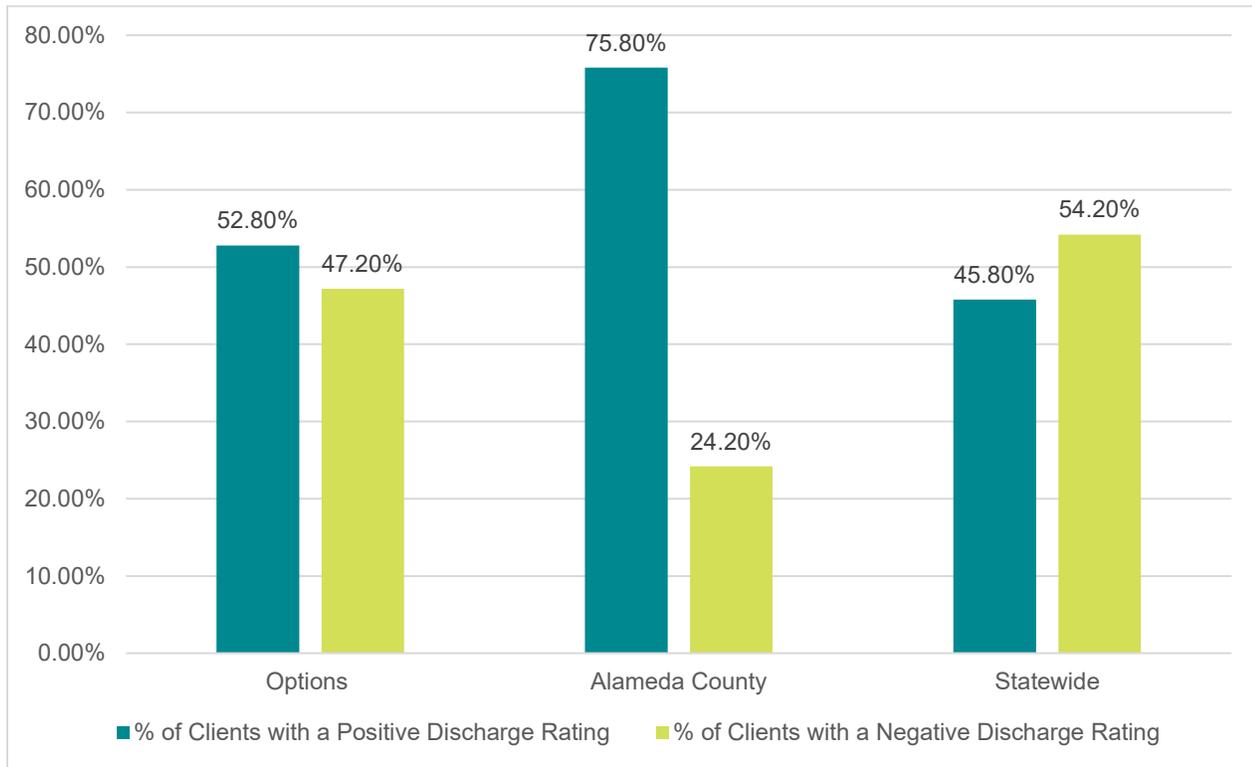


Table 6: Discharge Status Ratings, Options and Statewide, FY 2019-20

Discharge Status	CalOMS Discharge Status Ratings, FY 2019-20					
	Options		Alameda County		Statewide	
	#	%	#	%	#	%
Completed Treatment - Referred	158	19.8%	2,719	43.2%	20,317	17.6%
Completed Treatment - Not Referred	27	3.4%	97	1.5%	6,759	5.9%
Left Before Completion with Satisfactory Progress - Standard Questions	236	29.6%	1,692	26.9%	17,115	14.8%
Left Before Completion with Satisfactory Progress –	0	0.0%	266	4.2%	8,734	7.6%

Administrative Questions						
<i>Subtotal</i>	421	52.8%	4,774	75.8%	52,925	45.8%
Left Before Completion with Unsatisfactory Progress - Standard Questions	376	47.2%	1,071	17.0%	16,693	14.5%
Left Before Completion with Unsatisfactory Progress - Administrative	0	0.0%	433	6.9%	44,609	38.6%
Death	0	0.0%	8	0.1%	235	0.2%
Incarceration	0	0.0%	12	0.2%	1,058	0.9%
<i>Subtotal</i>	376	47.2%	1,524	24.2%	62,595	54.2%
TOTAL	728	100.0%	6,298	100.0%	115,520	100.00%

Key Takeaways

This Summary Evaluation has examined the Options Drug Test Results, Client Self-reports, and Outcome Measures. The evaluation has found that the percentage of clients with a positive drug test decreased in the time periods measured, while the percentage of positive drug tests increased. This may indicate that those clients with positive tests had repeat positive results. Another major finding is that Options clients are largely abstaining from their drug of choice as well as alcohol while they are receiving services. Clients are also reporting decreases in their days of family conflict and increases in their days of drug-free social support. Both of these measures are important elements for sustained recovery. Arrests 30 days prior to intake for clients receiving services at Options is low—only 6.1 percent reported having any arrests in this time period. However, the number decreased to 2.4 percent for any arrests 30 days prior to discharge, another positive indicator of treatment progress.

For the status ratings given by counselors at discharge, Options had a higher percentage of clients with a positive discharge rating compared to statewide (52.8 percent compared to 45.8 percent). However, in comparison with SUD providers across Alameda County, Options had a lower percentage of clients with a positive discharge rating (52.8 percent compared to 75.8 percent). This is a potential area for exploration at the programmatic level to try to determine whether there are programs more likely than others to have clients drop out, and to implement retention strategies to try to increase the positive discharge rating percentage.

The evaluation concludes that during the overall time frame for this Summative Evaluation, Options' clients demonstrated behavioral changes of increased sobriety, decreased serious family conflict, and criminal behavior.

Client Feedback and Continuous Improvement

GOAL: Options will gather and use client data and client feedback to continuously improve client services.

Graduation Surveys

Options Recovery Services holds graduation ceremonies four times annually to celebrate and acknowledge clients who have made significant strides in their recovery. Clients are eligible to receive a graduation certificate when they have accumulated a substantial period of sobriety, typically around 12 months, and have displayed significant investment in the work of making changes in their lives. This includes creating strong sober support systems and relapse prevention plans. These plans identify triggers, coping strategies, and motivations for changes for the client. Graduations offer an opportunity for clients to celebrate with family and their sober support system, who have helped them along the way. These ceremonies are attended by most Options staff and clients and provide a goal for clients to strive for. They also provide a model of the changes possible for clients who are newer to the program. Graduates are encouraged to attend Recovery Support Services following their graduation and are reminded that recovery is a lifelong journey involving intermittent need for further help.

Because graduating clients have received outpatient services for a significant length of time, typically at least eleven months, they are in a good position to provide valuable data about areas of strength and weakness. Goals of the surveys are to understand the characteristics of individuals who graduate, their current living situations, living situations during treatment, improvements made during treatment, obstacles they faced throughout treatment, and strategies they used to overcome obstacles. Options assesses whether anger or violence reduction was part of the graduate's treatment plan and, if yes, how much progress was made. Additional questions were designed to address issues graduates may face after leaving Options, such as plans for housing and work.

The first graduation to take place under the implementation of Options' Evaluation Plan occurred on March 1, 2019. For the first administration of the survey, only 5 of the 15 graduates participated (a 33% response rate). The Graduate Survey was administered in March, September and December of 2019 and March, June, September and December of 2020. Over that period of time, Options had 115 graduates and 96 (83%) responded to the survey, a substantial improvement on response rate. The Options' June 2020 Graduation was conducted via Zoom in response to COVID-19, and procedures were not yet developed to collect graduate survey data. Procedures were then developed for online surveys, and responses were obtained for Options' September and December 2020 graduations.

The tallies below show total aggregated responses and percentage of the respondents for each of the survey items. Some respondents did not respond to every item of the survey: percentages shown here are percentage of respondents to each individual question, not of total number of respondents to the survey. The data in Table 7 shows that for the period March 2019 through December 2020, 83% (96 of 115) of Options graduates responded to the graduate survey.

Table 7: Graduate Survey Demographics, FY 19-20

Gender Identification	#	%
Male	61	65%
Female	33	34%
Other/Not Stated	2	2%
Race/Ethnicity	#	%
White	24	25%
Hispanic/Latino	9	9%
Black/African American	22	23%
Other/Mixed Race	41	51%
Age	#	%
18-29	13	14%
30-50	37	39%
>50	16	17%
Not stated	30	31%
Length of stay at Options	#	%
Less than 12 months	38	40%
12-14 months	29	40%
>14 months	19	20%
Criminal justice involvement	#	%
Yes	21	22%
No	75	78%
Relapse while at Options	#	%
Yes	12	13%
No	84	87%

81% of respondents tell us that their thinking/attitude improved at Options; 75% report that relationships with their family improved; 61% report improved relationships with friends. The most difficult area of the program for respondents was living/interacting with housemates, with 43% reporting difficulties in this area. 69% of graduates reported that the most helpful aspect of the program was the counselors. Over a third of respondents reported that even after graduating from the program, they still face challenges with finding housing (39%), staying connected/attending meetings (35%); and employment/finances (38%).

Figure 9: Areas of Improvement while at Options, Graduate Survey

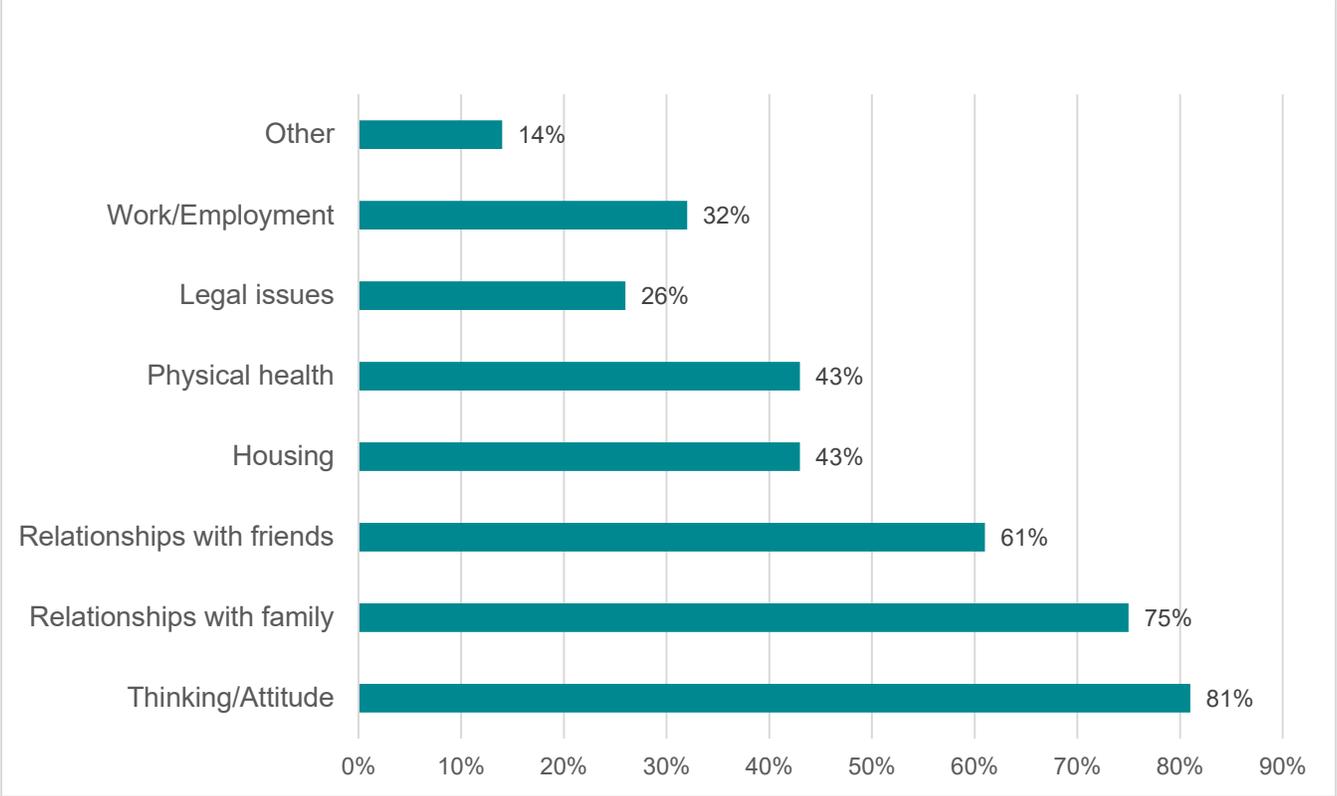


Figure 10: Biggest Obstacles upon Entering Program, Graduate Survey

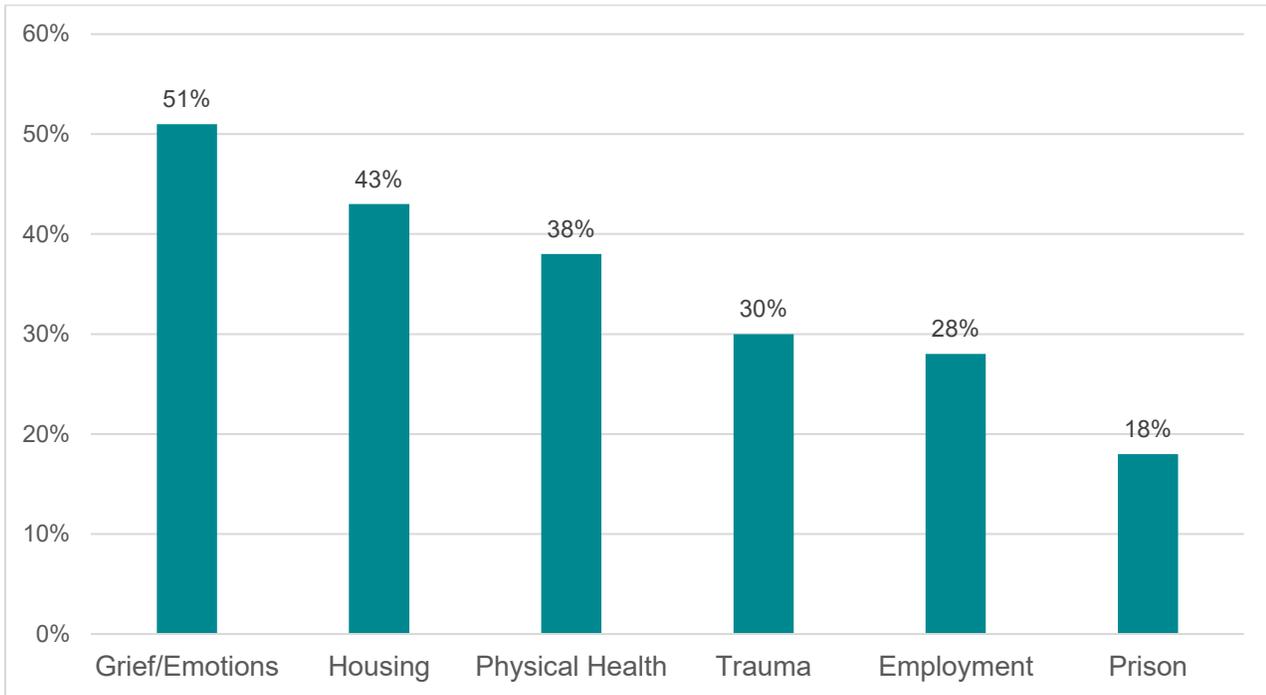
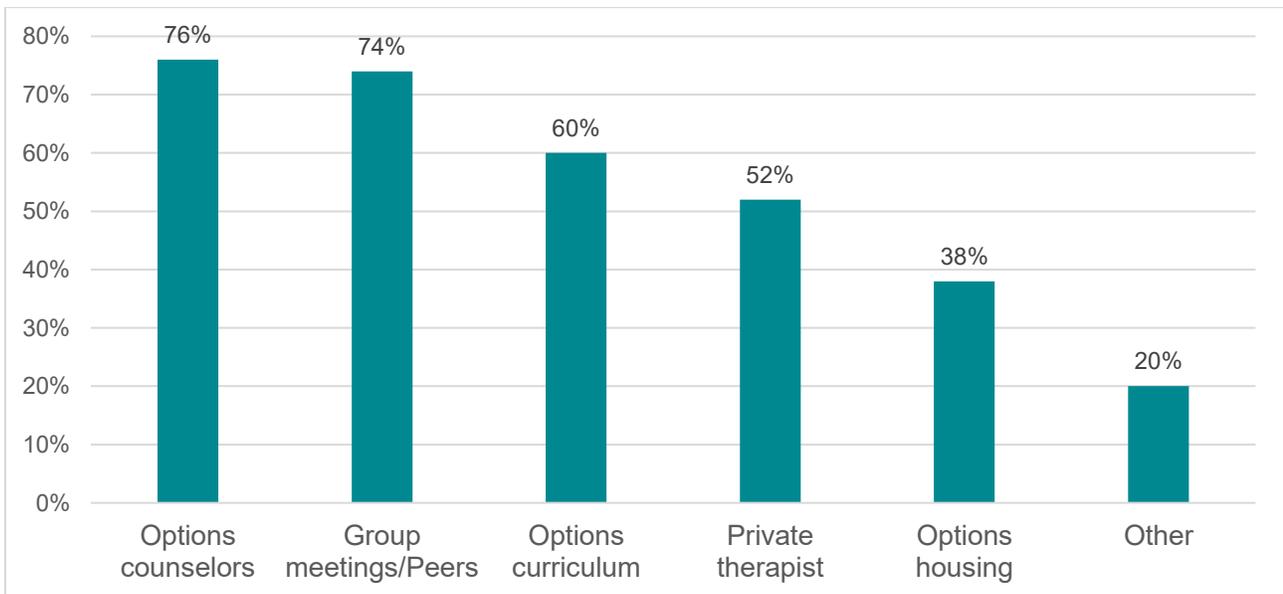


Figure 11: What Helped Overcome Obstacles, Graduate Survey



The most important advice graduates would give to someone newly entering Options included: stay with it/believe in the program (79%) and; be open/ask for help (53%).

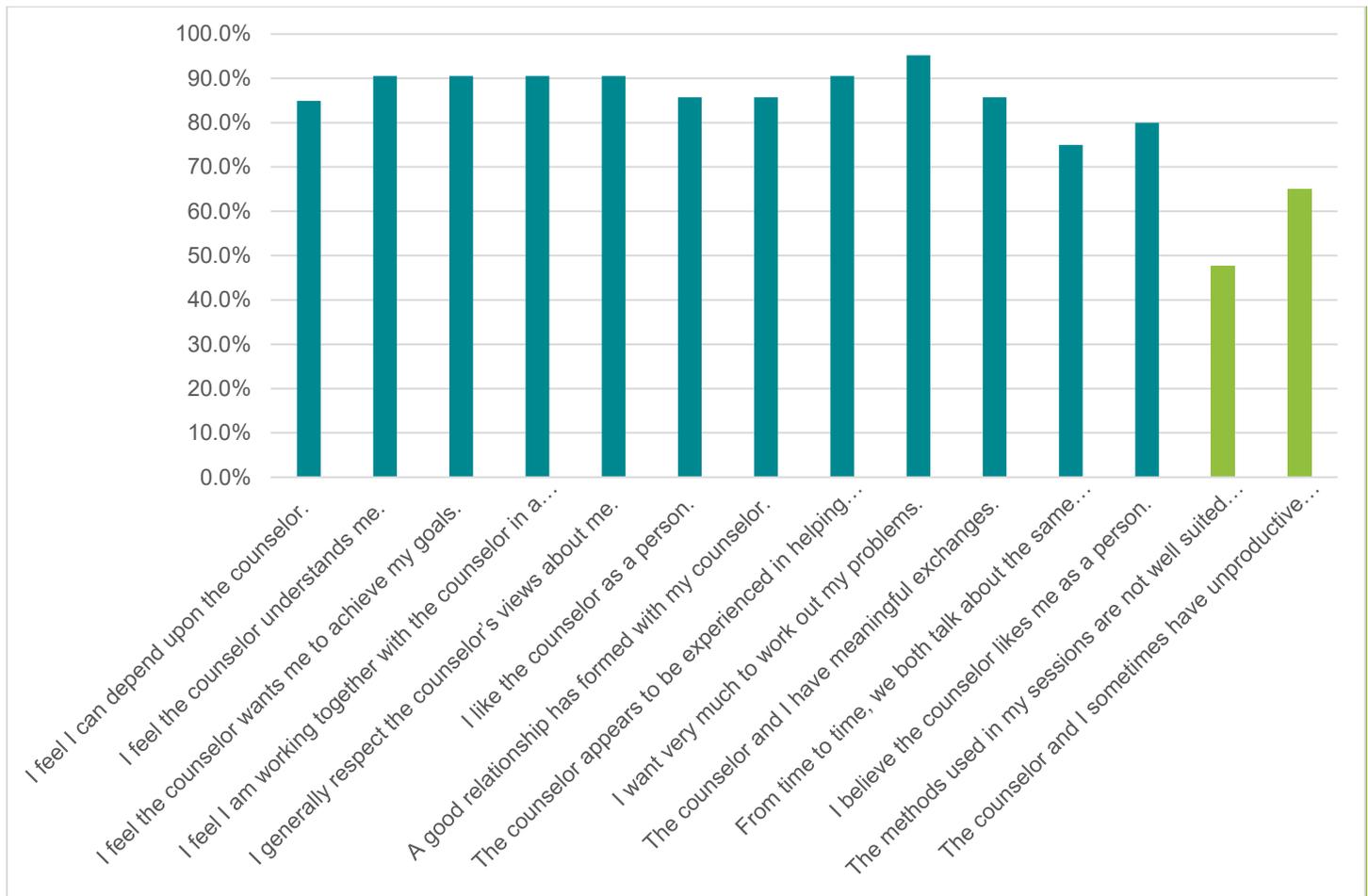
Helping Alliance Survey

Options implemented client surveys as a means of gathering client feedback data. The first survey administered internally to all clients is the Helping Alliance Questionnaire¹ which is a standardized self-report measure of therapeutic alliance and has demonstrated reliability and validity. It is often used in drug treatment programs and was used in NIDA Clinical Trials Network studies. Options made minor modifications to the measure including replacing “therapist” with “counselor,” as well as trimmed it by a few questions to reduce response time. Options administers the survey by inviting clients to participate via cellphone text, and clients may voluntarily take the anonymous survey on their cellphones. It takes about 6 minutes to complete. Some items are worded in a negative direction (not helpful/supportive) and some positive (helpful/supportive). Scoring is easy (mean scores) but items score in a positive and negative direction so close attention is required. Options’ senior staff reviewed the HAQ and suggested the modifications to make it more useful with Options clients. The following are the questions on the survey instrument as administered in February 2021.

1. How long have you been receiving SUD treatment at Options (individual counseling or group)?
2. Name of primary counselor.
Please tell us about your relationship with your counselor (for questions 3 -116, respondent chooses on a scale of “Strongly Agree,” “Agree,” “Neither Agree nor Disagree,” “Disagree,” and “Strongly Disagree.”)
3. I feel I can depend upon the counselor.
4. I feel the counselor understands me.
5. I feel the counselor wants me to achieve my goals.
6. I feel I am working together with the counselor in a joint effort.
7. I generally respect the counselor’s views about me.
8. The methods used in my sessions (groups and individual meetings) are not well suited to my needs.
9. I like the counselor as a person.
10. A good relationship has formed with my counselor.
11. The counselor appears to be experienced in helping people.
12. I want very much to work out my problems.
13. The counselor and I have meaningful exchanges.
14. The counselor and I sometimes have unproductive exchanges.
15. From time to time, we both talk about the same important events in my past.
16. I believe the counselor likes me as a person.
17. Please share any additional comments or suggestions here.

¹ HAQ - Luborsky, L., Barber, J. P., Siqueland, L., Johnson, S., Najavits, L. M., Frank, A., & Daley, D. (1996). The revised helping alliance questionnaire (HAQ-II): psychometric properties. *The Journal of psychotherapy practice and research*, 5(3), 260

Figure 12: % of Respondents in Agreement with Survey Items



Treatment Perceptions Survey

The Treatment Perceptions Survey (TPS) is administered through the Alameda County Behavioral Health Care Services and analyzed and reported by the University of California, Los Angeles Integrated Substance Abuse Programs. It measures clients' perceptions of their access to treatment, quality of care, coordination with other care, overall satisfaction and outcomes.

The TPS asks clients to anonymously respond to 14 items – listed on the right – and rank their perceptions of treatment at Options on a Likert scale:

- (1) strongly disagree,
- (2) disagree,
- (3) neutral,
- (4) agree,
- (5) strongly agree

Average scores are shown on Figure 14. Options clients agree or strongly agree on almost all items. The average scores for all SUD service providers contracted by Alameda County are also included in the figure below.

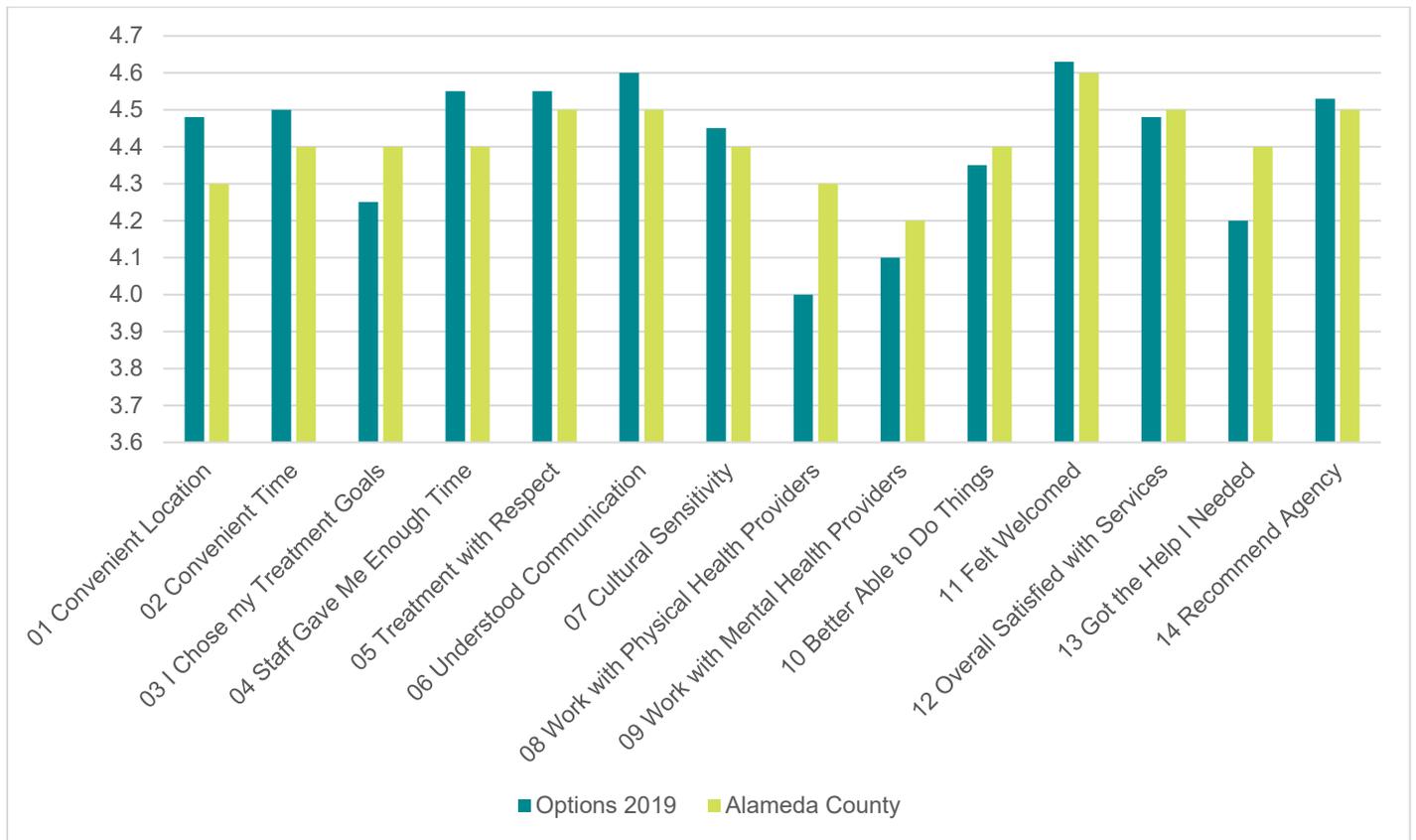
The table shows that Options clients rated their treatment similarly to the average ratings by clients for all agencies in Alameda County.

In 2018 and 2019, on item number 08 – “Works with Physical Health Providers” – Options clients rated Options lower than the average client ratings for all providers throughout the county. In a successful effort at quality improvement, Options then used the results of the survey to help focus attention on an area of concern. With the occurrence of the COVID-19 pandemic, treatment programs needed to add attention to clients' physical health and increase coordination with other health care providers. Options implemented extremely effective protocols and procedures, continued providing services during the pandemic, and maintained enrollment levels for outpatient services. Options also maintained its recovery residence services with reduced capacity, to allow less crowded living conditions for clients during the pandemic and implemented safety protocols preventing any outbreak of COVID-19 in the residences.

In 2020, on item number 13 – “Got the Help I Needed” – Options clients rated Options lower than clients throughout the county rated their service providers. This identifies an area of focus for quality improvement efforts.

- 01 Convenient Location
- 02 Convenient Time
- 03 I Chose my Treatment Goals
- 04 Staff Gave Me Enough Time
- 05 Treatment with Respect
- 06 Understood Communication
- 07 Cultural Sensitivity
- 08 Work with Physical Health Providers
- 09 Work with Mental Health Providers
- 10 Better Able to Do Things
- 11 Felt Welcomed
- 12 Overall Satisfied with Services
- 13 Got the Help I Needed
- 14 Recommend Agency

Figure 13: Average Scores on TPS Items, Options and Alameda County, 2019



Quality Improvement Efforts

During the overall time frame for this Summative Evaluation, Options provided quarterly progress reports to the California Board of State and Community Corrections on its efforts to ensure continuous quality improvement. The following are highlights from those quarterly reports.

9/1/18-12/31/18 – Initial needs assessment begun to determine data analysis needs; graduate client interviews initiated; Options evaluation plan completed.

1/1/19-3/31/19 – Six newly paroled re-entry clients from Options' in-prison Offender Mentor Certification Program brought onboard as interns working with Options staff to provide outpatient support services and work towards counseling certification. Alameda County Behavioral Health Care Service's Yellowfin pilot initiated and Options staff trained on Yellowfin data retrieval system; regular data reports from Yellowfin initiated. Quality Assurance consultant met with senior staff to review process and collaborations.

4/1/19-6/30/19 – Options' first formative evaluation completed and reviewed by Board and senior staff. Clinical Director, Operations Director and Housing Director incorporated Quality Assurance measures into peer mentor curriculum.

7/1/19-9/30/19 – Clients pursuing peer mentorships assigned as house managers at Options recovery residences and training curriculum developed. Options Board of Directors established an Outcome Measures Task Force; Options implemented new graduate client exit interview questionnaires; logic model revised. Clinical Director implemented improvements in client data recording procedures.

10/1/19-12/31/19 – Seven peer counselors certified as SUD counselors; peer mentor training curriculum initiated. Outcome Measurement Task Force final report to the Options Board of Directors identified additional data elements to be monitored and reviewed.

1/1/20-3/31/20 – Telehealth implemented in response to COVID-19; peer mentors assigned and trained for additional responsibilities at shelter-in-place recovery houses. Yellowfin reports expanded to include more client data; Client survey data from internal and external surveys systematically reviewed. Clinical Director and Medical Director collaborate with County on response to COVID virus incorporated into housing and operational procedures.

4/1/20-6/30/20 – Clinical Director assigned increased responsibilities for Quality Improvement and training; telehealth fully implemented. Second formative evaluation undertaken.

7/1/20-9/30/20 - Options staff work remotely where possible, but many are required on site, for specific functions such as intake, drug testing, providing transportation to needed services, obtaining necessities for the residences. All required staff meetings and client/staff meetings implemented via telehealth. Paper workbooks without face-to-face instruction implemented for some in-prison programs. New agreements with state and county justice systems implemented to respond to Covid-19. Evaluation consultant tested database software to improve Options' analytical capacity; Options hired a lawyer to help ensure HIPAA and CFR42 compliance for data security.

10/1/20-12/31/20 – Prior to Covid-19, with support from the county Behavioral Health Care Services, Options implemented its Clinical Quality Review Team (CQRT) to monitor chart compliance and quality. Charts were reviewed by counselors following each updated treatment plan. During the shift to telehealth and during COVID-19, this review process was paused. The Clinical Director is communicating with the County about continuing with the CQRT virtually.

On January 1, 2021, Options welcomed a new Executive Director, Justin Phillips. Mr. Phillips is well connected with service organizations throughout Alameda County and has helped to establish much stronger collaborations with local providers such as Bay Area Community Services and Horizon Services Incorporated Detoxification Services. In addition, Mr. Phillips serves as an officer with the National Association for Addiction Professionals (NAADAC) and has made available memberships and Continuing Educations Units for training for Options staff. Executive Director Phillips has also re-instated by-weekly senior leadership staff meetings where senior staff meet via telecommunications as discuss issues such as client data analyses and quality improvement.

Key Takeaways

This Summary Evaluation examined the Options Graduation Survey, Helping Alliance Survey, Therapeutic Alliance Survey, and Quality Improvement Efforts. The evaluation found that graduates reported many areas of improvement while at Options from thinking/attitudinal improvements, relationships with family and friends, housing, physical health, legal issues, and employment. Gradates also reported that Options counselors and peers were the two most important components of the program that helped them overcome their obstacles.

The Helping Alliance Survey did not have as robust of a response rate as hoped, due to the transition from paper surveys to text/web-based surveys. Of the surveys received, there was strong indication that clients felt a strong therapeutic alliance with their counselors.

The Treatment Perception Survey also had mostly high ratings on items related to Access, Quality, Care Coordination, and Overall Satisfaction and Outcomes. One item rated lower than clients receiving services throughout Alameda County was “I Got the Help I Needed” which is a possible area of focus for quality improvement efforts.

The evaluation concludes that during the overall time frame for this Summative Evaluation, Options gathered and used client data and client feedback to continuously improve client services.

Conclusion

This Summative Evaluation examines Options' achievements on three designated goals during the overall time frame of September 2018 through August 2020, with some comments about activities since August 2020. The three designated goals, and a summary of the findings for each goal, are presented here:

1. GOAL: Options will provide and revise as necessary services for adults with Substance Use Disorder (SUD) in Alameda County and in prisons through the state.

FINDINGS: Options provides counseling services for adults with SUD in Alameda County and in prisons throughout the state, adjusting to a telehealth model in response to the COVID-19 pandemic. Options has certified seven peer counselors and implemented a peer mentor training curriculum to be able to provide critical peer support to clients.

CONCLUSION: Options has been able to maintain service delivery and service quality even throughout the COVID-19 crisis. Staff have adjusted to working remotely to provide many services that had previously been done face-to-face and have continued working face-to-face and on-site with clients for intake, drug testing, and transportation to needed services.

2. GOAL: Options' clients will demonstrate behavioral changes of increased sobriety and decreased violence and criminal behavior.

FINDINGS: Based on self-report of days of use for primary drug of choice and alcohol use, the majority of Options clients are maintaining sobriety while receiving services. Based on self-report of days of family conflict and arrests, there is evidence that Options clients are demonstrating decreased criminal behavior.

CONCLUSION: With the data available for analysis, it is not possible to conclude that there is a decrease in violence for Options clients. Additional data would be needed to validate this goal.

3. GOAL: Options will gather and use client data and client feedback to continuously improve client services.

FINDINGS: Options administered three different client feedback tools—the Graduate Survey, the Helping Alliance Questionnaire, and the Treatment Perception Survey. Responses to all three instruments were largely positive with a few identified areas for quality improvement.

CONCLUSION: Options actively gathers and uses client feedback for continuous quality improvement and is able to benchmark the agency against countywide data in the case of the Treatment Perception Survey.